## **FAX TRANSMISSION**

CYNTHIA L. SMITH, ESQ.
One North Wacker Drive, Suite 4130
Chicago, Illinois 60606
Telephone: (312) 984-0144
Facsimile: (312) 984-0146

To:

**Ruth Rodriguez** 

Date:

April 11, 2005

Fax #:

571-273-7070

Pages:

2, including this cover sheet.

From:

Cynthia L. Smith, Esq.

Subject:

Resend Withdrawal for 10/626,442

COMMENTS:

Please let me know if you are unable to accept this Withdrawal form, given the status of the patent application.

Best regards,

Cynthia

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR DISTRIBUTION OF THIS COMMUNICATION TO OTHER THAN THE INTENDED RECIPIENT IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE CALL THE SENDER COLLECT AT (USA) 312-984-0144 AND RETURN THE ORIGINAL MESSAGE TO THE ABOVE ADDRESS BY MAIL. THANK YOU.

PTO/SB/83 (09-04) Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

· · · · · · · · · · · · · · · · · · ·		
Application Number	10/626,442	
Filing Date	Jan. 23, 2003	
First Named Inventor	Frank Scazzafavo	
Art Unit	<u> </u>	
Examiner Name	Ruth Rodriquez	
Attorney Docket Number		

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
Please withdraw me as attorney or agent for the above identified patent application, and			
all the attorneys/agents of record.			
the attorneys/agents (with registration numbers) listed on the attached paper(s), or			
the attorneys/agents associated with Customer Number			
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.			
The reasons for this request are:  Mr. Scazzafevo has not responded to any of my inquiries at his lest know address. I have also not been able to reach him via telephone. My last contact with him was in March of 2003.			
been able to reach nim via terephone. Wy has contact with him voc at which is zeros.			
CORRESPONDENCE ADDRESS			
The correspondence address is NOT affected by this withdrawal.			
2 Change the correspondence address and direct all future correspondence to:			
The address associated with Customer Number:			
OR	· · · · · · · · · · · · · · · · · · ·		
Firm or Individual Name CYNTHIA SMITH			
Address 21 EAST HURON #1905			
City CHICAGO State IL	Zip 60811		
Country USA	USA		
Telephone / 1773-562-54 <del>36</del> Fax			
Signature (MY44 a.c) my/h			
Name Cynthie Smith	Registration No. 53,608		
Date March 29, 2005	Telephone No. 773-562-5438		
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawel and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.			

This collection of Information is required by 37 CFR 1.36. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.